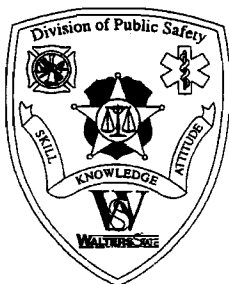


WALTERS STATE COMMUNITY COLLEGE
DIVISION OF PUBLIC SAFETY
EAST TENNESSEE REGIONAL LAW ENFORCEMENT ACADEMY



Certificate



This is to certify that

RICHARD L. LOWE

has successfully completed a 453 hour course of study in

BASIC POLICE RECRUIT SCHOOL

conducted at GREENEVILLE, Tennessee.

From 7-15-02 To 9-06-02

Vallan E. Eymon
INSTRUCTOR/COORDINATOR

SEPTEMBER 6, 2002

DATE

Marylou Apple
VICE PRESIDENT

John H. ...
DEAN
Jack E. Campbell
PRESIDENT



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

RONALD C. HEDDEN
SHERIFF

Application for Employment
As of 02/06/03

865-254-4833

4832



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

KONRAD CLELLAN
SHERIFF

Employment Application

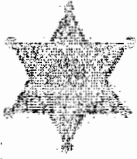
Name: Lowe Richard L
Last First M
Address: 141 Bruce Gap Rd Caryville TN 37714
Street City ST. ZIP Code
Position Applied For: Deputy Date: 6-22-05

Check All That Apply:

Full-Time: ☒ Part-Time: ☐ Regular: ☐ Auxiliary: ☐

An Equal Opportunity Employer

Campbell County Sheriff's Department is an Equal Opportunity organization. The Department policy is to treat all employees and applicants without regard to race, color, religion, sex, age, national origin, disability, or veteran status. This policy applies to all aspects of employment, including recruitment, hiring, training, compensation, benefits, and promotion.



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

NON-PROFESSIONAL
SHERIFF

General Information

Were you ever in the U.S. military service? Yes: () No: (✓)

Have you ever been convicted of a felony? Yes: () No: (✓)

Were you ever employed under a different name? Yes: () No: (✓)

If yes, list them here: _____

Explain any lapses in employment which are longer than three (3) months.

Comments:

Include here any additional information you feel will help us evaluate your qualifications for this position. You may attach extra sheets if necessary.

Agreement And Certification

Non-binding Application and Interview process: Submission of this application does not entitle me to be interviewed by the Campbell County Sheriff's Department. Further nothing in this application or any other department documents or in the employment evaluation process shall it be construed as either an offer or contract of employment or an obligation on the part of Campbell County Sheriff's Department to provide any benefit to me. No employment relationship shall be effective unless and until there is an approved Campbell County Sheriff's Department Notice of Personnel Action.

Duration of this Application: This application will be considered active for six (6) months. I understand that I must reapply to Campbell County Sheriff's Department by completing a separate application each six (6) months if I wish to be considered for any vacancies.

Employment-At-Will: I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either Campbell County Sheriff's Department or myself. I understand no supervisor or representative of Campbell County Sheriff's Department, except the Sheriff, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, I understand that false or misleading information given in this application or interview(s) may result in discharge. I also reaffirm my permission for Campbell County Sheriff's Department or its agent to conduct a background investigation as outlined on the attached "Reference Check Authorization and Release form."

Compliance with Guidelines and Policies: In consideration of my employment, I agree to conform to the rules and regulations of the Campbell County Sheriff's Department.

I have read and fully understand the above.

Date: 6-22-05

Signature: _____



Campbell County Sheriff's Department

P.O. BOX 102 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

ADON MOULSLIAN
SHERIFF

Work Experience

You may attach a resume as part of this application, however, you must complete all items below. List all relevant employment beginning with the most recent.

Job Number One:

Employment Dates: From (Mo/Yr) 1-05 To (Mo/Yr) 4-05

Starting Salary: \$8.00 hr Final Salary: \$8.00 hr

Employer: LaFollette Police Department

Nature of Business: Patrol Officer

Phone: (423) 562-8331

Employer Address: 215 South TN AVE LaFollette TN 37746
Street City State Zip

Position Held: Patrolman Supervisor's Name: Ben Baird

Responsibilities: Road Officer

Reason for Leaving: Pay Raise

Job Number Two:

Employment Dates: From (Mo/Yr) 6-03 To (Mo/Yr) 1-05

Starting Salary: \$22,000 Final Salary: \$23,000

Employer: Union Co. Sheriff's Department

Nature of Business: Deputy -

Phone: () -

Employer Address: _____
Street City State Zip

Position Held: Deputy Supervisor's Name: Willy Evans

Responsibilities: Road Officer

Reason for Leaving: Better Job



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

RON MCELLEAN
SHERIFF

Personal Data

Name: Lowe Richard L Social Security No.: 409-984833 36
Last First M. yoa

Address: 141 Bruce Gap Rd Caryville TN 37714 D.O.B 11-21-68
Street City State Zip

Telephone: (865) 254-4833 Business: (423) 562-8331 Other: () -

If you have previously been employed by Campbell County Sheriff's Department indicate departments and dates:

No

How did you learn of this position:

Friend

When can you report to work: 6-23-05 Salary Desired: Road Officer Salary

Education and training:

Please furnish the following information for all education and training which qualifies you for the position you are seeking.

Name and Location of School	2002	Major	No. of Yrs. Attended:	Type of Degree/ Certificate Awarded:
<u>Walters State Police Academy</u>	<u>Basic Recruit</u>	<u>8 wks</u>		<u>POST Certificate</u>

Membership in professional, civic, or other relevant organizations:

List any other skills you may have (i.e. typing) below:

Spreadsheet, Database, Word Processing, and Office skills:

Typing Speed: _____ wpm Use Dictaphone: _____ Take shorthand: _____

① SRO AT Knox County
for 6 years South Doyle, Fulton

② Supervisor
Steve Gattin

③ Union County

Supervisor
Sheriff
Patrol + SRO

④



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

RON MOSELIAN
SHERIFF

Work Experience

You may attach a resume as part of this application, however, you must complete all items below. List all relevant employment beginning with the most recent.

Job Number One:

Employment Dates: From (Mo/Yr) _____ To (Mo/Yr) _____

Starting Salary: _____ Final Salary: _____

Employer: _____

Nature of Business: _____ Phone: () _____ - _____

Employer Address: _____
Street City State Zip

Position Held: _____ Supervisor's Name: _____

Responsibilities: _____

Reason for Leaving: _____

Job Number Two:

Employment Dates: From (Mo/Yr) _____ To (Mo/Yr) _____

Starting Salary: _____ Final Salary: _____

Employer: _____

Nature of Business: _____ Phone: () _____ - _____

Employer Address: _____
Street City State Zip

Position Held: _____ Supervisor's Name: _____

Responsibilities: _____

Reason for Leaving: _____



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-567-7446

PO BOX 82
JACKSBORO
TENN 37757

Drivers License: 66759946 Date of Birth: 11-21-68

Height: 5-6" Weight: 180

Are you a Citizen of the U.S.? Yes: (✓) No: ()

*Ethnic Group: White: (✓) Black: () Spanish American: () Other: ()

*Marital Status: Married: () Single: (✓) Divorced: ()

*Number in family: _____ *Number of Dependents: _____

Do you have a limited English speaking ability? Yes: (✓) No: ()

Eligibility Information:

Are you employed at the present time? Yes: (✓) No: ()

Are you a veteran of the armed forces of the U.S.? Yes: () No: (✓)

Do you have any handicaps or any ailment that may impair your working efficiency?
Yes: () No: (✓)

Have you ever been convicted of any violation of the law other than a minimum traffic violation? Yes: () No: (✓)

Most Recent Employment:

Employer: LaFollette Police Department Address: 215 S. TN AVE. LaFollette
Phone: 423-562-8331 Position: Patrolman
May We Contact Them: Yes: (✓) No: ()

Give References other than relatives or supervisors listed in the above questions:

Name	Address	Years Known
<u>Sgt. J. Jeffries</u>	<u>LPD</u>	<u>1</u>
<u>Billy Ford</u>	<u>9024 Hillside Dr Murfreesboro</u>	<u>15</u>

Have you ever been finger printed? Yes: (✓) No: ()

Father's Name: Richard Dykes Mother's Name: Betty Dykes

I certify that this information is true to the best of my knowledge and belief.

Date: 6-22-05

Phone where you can be reached: (423) 254-4833

Signature

An Equal Opportunity Employer



Campbell County Sheriff's Department

P.O. BOX 62 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

RON McLELLAN
SHERIFF

Reference Check Authorization and Liability Release Form:

TO WHOM IT MAY CONCERN:

I, Richard Lowe, give the Campbell County Sheriff's Department my permission to verify oral and written information from me with past employers, and Federal, State, financial or academic institutions. This information may include, but is not necessarily limited to the following:

- Companies with which I have been employed
- Position Title
- Dates of Employment
- Salary History
- Reason for Termination
- All Academic Records
- All Criminal Conviction Records

I also release any individual, company or institution, third party investigation service, and the Campbell County Sheriff's Department from any liability whatsoever in furnishing such information.

I have read and fully understand the above.

Date: 6-22-05

Signature: [Signature]



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

RON MCCLELLAN
SHERIFF

Date: 08/10/05

From: Don E. Farmer, Captain/ Training Officer

To: Post Commission, Attention: Gaye Rye

Re: Change of status

Richard L. Lowe was employed as a full-time Deputy Sheriff with the Campbell County Sheriff's Department on 07/18/05. He was employed with the LaFollette Police Department as a full-time officer. There has not been a break in service. The Campbell County Sheriff's Department accepts his physical and psychological evaluations.

RICHARD L. LOWE
D.O.B. 11/21/68
S.S.N. 409-98-4833
CERTIFICATION # 04-05

Thank you,

A handwritten signature in cursive script that reads "Don E. Farmer".

Don E. Farmer, Captain/ Training Officer

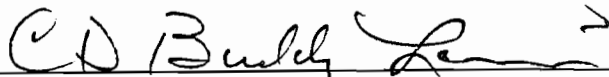
State of Tennessee
Peace Officer Standards and Training Commission



This is to certify that
Richard L. Lowe

*has met all the requirements cited in Title 38, Chapter 8, of the
Tennessee Code Annotated, and is therefore qualified to serve as a
Law Enforcement Officer in the State of Tennessee.*

January 16, 2004


Chairman


Governor

State of Tennessee
Peace Officer Standards and Training Commission

This is to certify that
Richard L. Lowe

*has met all the requirements cited in Title 38, Chapter 8, of the
Tennessee Code Annotated, and is therefore qualified to serve as a
Law Enforcement Officer in the State of Tennessee.*

January 16, 2004


Chairman


Governor

Tennessee Bureau of Investigation



Issues This Certificate, Hereby Certifying That **RICHARD LEE LOWE**

has completed a prescribed course of instruction by the Tennessee Bureau of Investigation in
INTOXIMETER EC-IR OPERATION
which is required by Bureau policy to meet and maintain standards for the performance of law enforcement duties or required by law to be performed by or under the direction of the Bureau in the furtherance of law enforcement.

Recommended:

Dave M Ferguson
Instructor

Approved:

Mark Duggan
Deputy Assistant Director

Executed this 3RD day of SEPTEMBER, 2002



Larry Wallace
Director

BI-0063

Certificate of Attendance

This certifies that

Richard L. Lowe

has successfully completed a 36-hour in-service on
Criminal Interdiction
the week of August 2 – 6, 2004 coordinated by
the District Attorney General's Domestic Violence Unit.

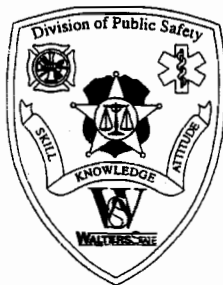


Sher L. Byrd

Sher L. Byrd, District Coordinator
8th Judicial District Attorney General's
Domestic Violence Unit

08/06/04
Date

WALTERS STATE COMMUNITY COLLEGE
DIVISION OF PUBLIC SAFETY
EAST TENNESSEE REGIONAL LAW ENFORCEMENT ACADEMY



Certificate



This is to certify that

RICHARD LOWE

has successfully completed a 40 hour course of study in

SCHOOL RESOURCE OFFICER

conducted at SEVIERVILLE, Tennessee.

From 7-7-03 To 7-11-03

Jackie Pate
INSTRUCTOR/COORDINATOR
Marylou Apple
VICE PRESIDENT

JULY 11, 2003
DATE

John H. ...
DEAN
Jack E. Campbell
PRESIDENT

LaFollette Police Department

215 South Tennessee Avenue
LaFollette, Tennessee 37766

BEN L. BAIRD
Chief of Police

Telephone
423-562-8331



Fax
423-566-5214

Email
lpd@ccdi.net

Web Site
www.laftnnpd.org

TO: David G. Young, City Administrator
FROM: Ben Baird, Chief of Police
DATE: February 09, 2005

A handwritten signature in black ink, appearing to read "Ben Baird", is written over the "FROM:" line of the memo.

RE: Employment of Richard Lowe as a Reserve Police Officer

It is my recommendation that Richard Lowe be hired as a reserved police officer for the City of LaFollette.

Mr. Lowe is certified as an officer with Post and is qualified.

Approved:
David G. Young
2-9-05

PAYROLL CHANGE NOTICE

CITY OF LAFOLLETTE

207 SOUTH TENNESSEE AVENUE
LAFOLLETTE, TN 37766

Date 2-9-05 Social Security # 409-98-4833

Name Richard Lowe Job Title Reserve Police Officer

Street Address 7513 Applecross Rd

City/State/Zip Corryton, TN 37721 Phone (615) 254-4833

Department Dep. Police Shift

Check Appropriate Box:

- ☒ Enter on Payroll
☐ Change Rate
☐ Remove from Payroll
☐ Change Title/Classification to: Police Officer
☐ Change Status to: ☐ Full Time ☒ Part Time ☐ Temporary
☐ Leave of Absence: Paid? ☐ Yes ☐ No
☐ Address/Information Change: _____
☐ Transfer to: (Department) _____
☐ Change Shift to: _____
☐ Change Withholding Rate (Complete New W-4 Form)
☐ Deduct Family Dental Coverage

Date Effective 2-9-05 Hour 8:00
Old Rate _____ Per _____
New Rate _____ Per _____
Date of Last Payroll Change _____

Reason for Payroll Change:

- ☐ Pay Level Increase ☐ Promotion ☐ See Performance Appraisal
☒ New Employee ☐ Other _____

Reason for Termination: (Please Complete Employee Separation Report)

☐ Voluntary ☐ Discharged ☐ Laid Off ☐ Other _____

Remarks:

Authorization:

Employee Signature: [Signature] Date: 2-9-05

Supervisor Signature: [Signature] Date: _____

City Administrator: _____ Date: _____

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

AMENDED 07/29/1969

NAME RICHARD LEE LOWE JR. SEX MALE
DATE OF BIRTH NOVEMBER 21, 1968 CERT. No. 141-1968-059937
COUNTY OF BIRTH KNOX DATE ISSUED JANUARY 28, 2005
FILE DATE NOVEMBER 29, 1968

This is to certify that the birth of the person named on this certificate occurred on the date and at the place shown. The original certificate was filed with the Tennessee Department of Health, Office of Vital Records, within one year after the event unless otherwise stated. Reproduction of this document is prohibited. Do not accept unless on security paper with seal.
Tennessee Code Annotated 58-3-101 et. seq. Vital Records Act of 1977.

Kenneth S. Robinson, M.D.
COMMISSIONER

Sharon M. Lainbach
STATE REGISTRAR

CERTIFICATION OF BIRTH

V 572826

RDA/NA



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

RON MCCLELLAN
SHERIFF

Date: 08/10/05

From: Don E. Farmer, Captain/ Training Officer

To: Post Commission, Attention: Gaye Rye

Re: Change of status

Richard L. Lowe was employed as a full-time Deputy Sheriff with the Campbell County Sheriff's Department on 07/18/05. He was employed with the LaFollette Police Department as a full-time officer. There has not been a break in service. The Campbell County Sheriff's Department accepts his physical and psychological evaluations.

RICHARD L. LOWE
D.O.B. 11/21/68
S.S.N. 409-98-4833
CERTIFICATION # 04-05

Thank you,

A handwritten signature in cursive script that reads "Don E. Farmer".

Don E. Farmer, Captain/ Training Officer

PERSONAL RECORDS CHECK

REASON: Employment

NAME: Richard Lee Lowe

D.O.B. 11-21-68

S.S. #: 409-98-4833

RACE: W SEX: M

D.L. # 66759946

N.C.I.C. RESULTS: Negative

D.L. # RESULTS: Negative

DATE: 1-31-05 OPERATOR NAME: Brenda Moses/TAC

Richard Lowe
(865) 254-4833

Tennessee
The Volunteer State
DRIVER LICENSE

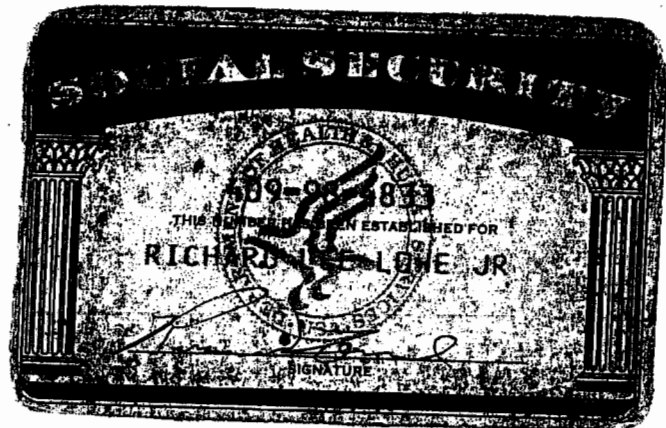
066759946 Expires 11-21-2008
Issued 12-15-2003
Birthdate 11-21-1968

Class D
Endorsements NONE
Restrictions
Sex M Ht 5'06" Eyes BR
SSN ON FILE

RICHARD LEE LOWE
9022 HILLSIDE DR
MASCOT, TN 37806

DL

Ben will be
here 9 AM ON
Monday 31 JAN
James



COMPREHENSIVE

CIS

INDUSTRIAL
SERVICES
PHYSICAL THERAPY

NAME: RICHARD LOWE DATE: 2-7-05

COMPANY: CITY OF LAFAYETTE MD: _____

ARMS: 75.1 lbs. 26 % LEGS: 218.0 lbs. 46 %

ROM: WOL RTW: _____ NEWHIRE: ☒ PASS: ☒

FAIL: _____ REASON: _____

LaFollette Police Department

215 South Tennessee Avenue
LaFollette, Tennessee 37766

BEN L. BAIRD
Chief of Police

Telephone
423-562-8331



Fax
423-566-5214

Email
lpd@ccdi.net

Web Site
www.laftnnpd.org

JULY 14, 2005

TO WHOM IT MAY CONCERN:

I RAN A BACK GROUND CHECK ON RICHARD LOWE. I CHECKED WITH THE UNION COUNTY SHERIFF OFFICE AND THEY STATED THE ONLY PROBLEM THEY KNEW ABOUT WAS AT THE MIDDLE SCHOOL.

I SPOKE WITH A PRINCIPAL THERE NAMED MS. CARTER. SHE ADVISED ME THAT THERE WAS SOME PORN ON A COMPUTER THAT LOWE HAD USED. SHE SAID THE COMPUTER WAS IN THE LIBRARY AND OTHER PEOPLE HAD ACCESS TO IT. SHE DID NOT BELIEVE THAT LOWE HAD ANYTHING TO DO WITH THE PORN ON THE COMPUTER AND SHE GAVE HIM A GOOD RECOMMENDATION FOR A JOB.

Jack Widener
LaFollette P.D.

CAMPBELL COUNTY GOVERNMENT
EMPLOYEE ADD/CHANGE NOTICE
FISCAL YEAR 2005-2006

Notification Date

1-3-05

Effective Date

12-29-05

Employee Name

Richard Lowe

Social Security #

409-98-4833

Mailing Address
and Phone Number

Park Place, Caryville, Tennessee

no phone

**Circle appropriate classification
for designated job listed above*

Classified
Full Time

Classified
Part Time

**Fill in correct information*

Salary

Hourly Rate

Account Number

Changes are:

**New hire, termination, account
number change, etc.*

termination

Remarks:

** Who the employee is Replacing,*

full time, part time, temporary, etc.

FMS Use Only

System #

Budget Code #

Department Head

Charles G. Scott

1-3-05

Date

Payroll Supervisor

Date

Director of Finance

Date



Campbell County Sheriff's Department

P.O. BOX 82 • JACKSBORO, TENNESSEE 37757 • 423-562-7446

SHERIFF

DATE: 07-18-2005

E.E. HILL & SON INSURANCE CO.
P.O. BOX 1406
LAFOLLETTE, TN 37766

REF: Richard L. Lowe
D.O.B.: 11-21-1968
S.S.N.: 409-98-4833
ADDRESS: Caryville, TN 37714
D.L. #: 66759946

GENTLEMEN:

PLEASE BE ADVISED THAT THE ABOVE NAMED INDIVIDUAL HAS BEEN
APPOINTED TO FULL TIME PAID DEPUTY WITH OUR DEPARTMENT.

PLEASE ADD TO OUR BOND AND LIABILITY LIST.

THANK YOU,

SINCERELY,

RON W. McCLELLAN
SHERIFF, CAMPBELL COUNTY



PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CONFIRMATION OF MEDICAL EXAMINATION
(To be completed by a licensed physician)

OFFICER: Richard Lowe SSN: 409-98-4833
AGENCY: UNION COUNTY

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the examining physician for the purpose of police officer certification. Upon completion of physical evaluation, the examining physician should sign the appropriate statement and this form should be returned to the law enforcement agency. This form should then be attached to the Application for Certification — Police Officer, and should be forwarded to the POST Commission.

TO THE EXAMINING PHYSICIAN

Pursuant to Tennessee Code Annotated, Section 38-8-106, applicants for police certification must have passed a physical examination by a licensed physician. Upon completion of evaluation, please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT OF ATTENDING PHYSICIAN

I have performed a medical examination and find that this officer is:

☒ PHYSICALLY FIT — This person is physically fit within a reasonable degree of medical certainty.

☐ NOT PHYSICALLY FIT — This person is not physically fit for the following reasons:

Comment: _____

[Signature]
(Signature of Licensed Physician)

2595 maynardville Hwy
(Street Address)

10/30/03
(Date)

865-972-2221
(Telephone)

maynardville, TN 37807
(City/State)

LaFollette Police Department

215 South Tennessee Avenue
LaFollette, Tennessee 37766

BEN L. BAIRD
Chief of Police

Telephone
423-562-8331



Fax
423-566-5214

Email
lpd@ccdi.net

Web Site
www.laftnnpd.org

TO: DEBBIE PIERCE
FROM: BEN BAIRD, CHIEF OF POLICE
DATE: FEBRUARY 9, 2005

A handwritten signature in black ink, appearing to read "Ben Baird", with a long, sweeping horizontal line extending to the right.

RE: ACCEPTANCE OF PHYSICAL AND PHYSIOLOGICAL EXAM

I ACCEPT THE PHYSICAL AND PHYSIOLOGICAL EXAMINATION IN THE FILE OF
RICHARD LOWE.



CITY OF LA FOLLETTE

207 South Tennessee Ave.
La Follette, Tennessee 37766
Phone (423) 562-4961 • Fax: (423) 562-6565

Mayor
Cliff Jennings

Vice-Mayor
Hansford Hatmaker

Council Members
Shirley Fox Rogers
Ken Snodderly
Bob Fannon

On this 17th day of February, 2005, I did swear into the
service of the City of LaFollette Richard Lowe, to act in the
capacity of a Police Officer.

Wesley Hatmaker,
LaFollette Municipal Judge

Form W-4 (2005)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2005 expires February 16, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent	A _____
B Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	
G Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> • If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child. • If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. 	G _____
H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0010 2005
1 Type or print your first name and middle initial <i>Richard</i>		Last name <i>Low</i>		2 Your social security number <i>409 98 4833</i>
Home address (number and street or rural route) <i>7513 Applecross Rd</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <i>Corryton TN 37721</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <i>0</i>		
6 Additional amount, if any, you want withheld from each paycheck		6 <i>\$ 0</i>		
7 I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) <i>[Signature]</i>				
Date <i>2-9-05</i>				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

ISSUED GEAR TO NEW OFFICERS

WEAPON AND CLIPS 1

BODY ARMOR AND ~~SPARE VEST OUTER COVER~~ 1

GAS CARD -----

SAFETY VEST NUMBER 1

UNIFORMS SHIRTS SUMMER NEW ----- SUMMER USED 1 PANTS NEW ----- USED 3

UNIFORMS SHIRTS WINTER NEW ----- USED 3

COATS LT. WEIGHT NEW OR USED ----- WINTER NEW OR USED -----

POLICE ID CARDS -----

POLICE UNIFORM BADGE 1 HAT BADGE -----

BODY MIC FOR CAR CAM -----

WEB GEAR/HOLSTER ----- BELT ----- POUCHES -----

POLICE PORTABLE RADIO AND MIKE SER# -----

STINGER FLASHLIGHT OR TAC LIGHT -----

ARMY SURPLUS ITEMS -----

PATROL CAR AND BUILDING KEYS -----

ALL SPECIAL ISSUE ITEMS NOT LISTED ABOVE -----

OFFICERS NAME Richard Love

DATE ISSUED 2-9-2005

Richard Love



CONFIRMATION OF MEDICAL EXAMINATION
(To be completed by a licensed physician)

OFFICER: Richard Lowe SSN: 609-98-4833

AGENCY: UNION COUNTY

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the examining physician for the purpose of police officer certification. Upon completion of physical evaluation, the examining physician should sign the appropriate statement and this form should be returned to the law enforcement agency. This form should then be attached to the Application for Certification — Police Officer, and should be forwarded to the POST Commission.

TO THE EXAMINING PHYSICIAN

Pursuant to Tennessee Code Annotated, Section 38-8-106, applicants for police certification must have passed a physical examination by a licensed physician. Upon completion of evaluation, please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT OF ATTENDING PHYSICIAN

I have performed a medical examination and find that this officer is:

☒ PHYSICALLY FIT — This person is physically fit within a reasonable degree of medical certainty.

☐ NOT PHYSICALLY FIT — This person is not physically fit for the following reasons:

Comment: _____

[Signature]
(Signature of Licensed Physician)

2595 Maynardville Hwy
(Street Address)

10/30/03
(Date)

865-992-2221
(Telephone)

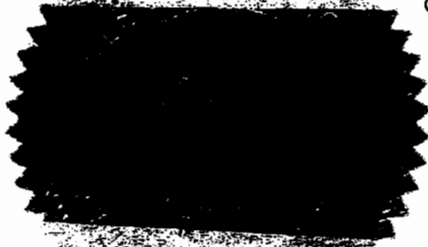
Maynardville, TN 37801
(City/State)

Rule High School

Knoxville



Tennessee



This is to Certify that
Richard Lee Lome, Jr.

has satisfied the requirements for graduation from high school as prescribed by
the Tennessee State Board of Education, and is, therefore, awarded this

Diploma

In Testimony Whereof and by the authority in us vested, we have affixed our
signatures this the twenty-seventh day of May, 1988, at Rule High School,
Knox County, Knoxville, Tennessee.



Stephen L. Lott
Chairman, Knox County Board of Education

Charles E. Smith
State Commissioner of Education

Earl Hoffmeister
Superintendent of Knox County Schools

Sharon F. Carpenter
Principal of School

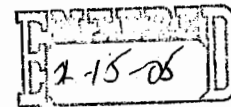
PAYROLL CHANGE NOTICE

CITY OF LAFOLLETTE
207 SOUTH TENNESSEE AVENUE
LAFOLLETTE, TN 37766

Date 2-9-05 Social Security # 409-98-4833
Name Richard Lowe Job Title Reserve Police Officer
Street Address 7513 Applecross Rd
City/State/Zip Corryton, TN 37721 Phone (615) 254-4833
Department Dep. Police Shift _____

Check Appropriate Box:

- ☒ Enter on Payroll
☐ Change Rate
☐ Remove from Payroll
☐ Change Title/Classification to: Police Officer
☐ Change Status to: ☐ Full Time ☒ Part Time ☐ Temporary
☐ Leave of Absence: Paid? ☐ Yes ☐ No
☐ Address/Information Change: _____
☐ Transfer to: (Department) _____
☐ Change Shift to: _____
☐ Change Withholding Rate (Complete New W-4 Form)
☐ Deduct Family Dental Coverage



Date Effective 2-9-05 Hour 8.00
Old Rate _____ Per _____
New Rate _____ Per _____
Date of Last Payroll Change _____

Reason for Payroll Change:

- ☐ Pay Level Increase ☐ Promotion ☐ See Performance Appraisal
☒ New Employee ☐ Other _____

Reason for Termination: (Please Complete Employee Separation Report)

☐ Voluntary ☐ Discharged ☐ Laid Off ☐ Other _____

Remarks:

Authorization:

Employee Signature: _____ Date: 2-9-05

Supervisor Signature: _____ Date: _____

City Administrator: _____ Date: 2-9-05

DEPARTMENT ISSUED WEAPONS

Date 02-09-2005

I have received and understand the LaFollette Police Department policy on department issued weapons.

I have received one Glock, model 22, 40 caliber pistol, serial # FGA 785 and three law enforcement magazines. I understand I am responsible for this weapon and magazines.

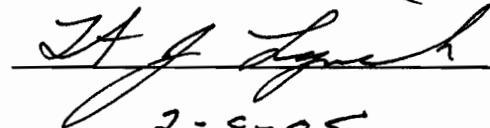
Officer's signature



Printed Name

Richard Lowe

Issued by



Issued date

2-9-05

Date returned

Received by

ISSUED GEAR TO NEW OFFICERS

WEAPON AND CLIPS 1

BODY ARMOR AND SPARE VEST OUTER COVER 1 used 2nd issue

GAS CARD 1

SAFETY VEST NUMBER 1

UNIFORMS SHIRTS SUMMER NEW ----- SUMMER USED 1 PANTS NEW ----- USED 3

UNIFORMS SHIRTS WINTER NEW ----- USED 3

COATS LT. WEIGHT NEW OR USED ----- WINTER NEW OR USED 1

POLICE ID CARDS 1

POLICE UNIFORM BADGE 1 HAT BADGE 1

BODY MIC FOR CAR CAM -----

WEB GEAR/HOLSTER ----- BELT ----- POUCHES -----

POLICE PORTABLE RADIO AND MIKE SER# -----

STINGER FLASHLIGHT OR TAC LIGHT -----

ARMY SURPLUS ITEMS -----

PATROL CAR AND BUILDING KEYS -----

ALL SPECIAL ISSUE ITEMS NOT LISTED ABOVE 1 Rare Coat

OFFICERS NAME Richard Love

DATE ISSUED 2-9-2005

Richard Love

LaFollette Police Department

215 South Tennessee Avenue
LaFollette, Tennessee 37766

BEN L. BAIRD
Chief of Police

Telephone
423-562-8331



Fax
423-566-5214

Email
lpd@ccdi.net

Web Site
www.laftnnpd.org

TO: Richard Lowe
FROM: Ben Baird, Chief of Police
DATE: February 2, 2005
RE: Intent to Hire Richard Lowe as a Reserve Officer

A handwritten signature in black ink, appearing to be 'B. Baird', is written over the 'FROM' line of the memo.

It is my intent to hire Richard Lowe as a reserve Police Officer pending the results of the drug test and agility test.

APPLICATION FOR EMPLOYMENT

CITY OF LAFOLLETTE
207 SOUTH TENNESSEE AVENUE
LAFOLLETTE, TN 37766
423-562-4961

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: Richard Lowe Date: 01-28-05
Position(s) applied for or type of work desired: _____
Address: 7513 Applecross Rd. Carrytown, TN 37721
Telephone # (615) 254-4833 Social Security #: 409-98-4833
Type of employment desired: ☒ Full Time ☒ Part Time _____ Temporary
Date you will be available to start work: Now
Are you able to meet the attendance requirement? ☒ Yes _____ No
Do you have any objection to working overtime if necessary? _____ Yes ☒ No
Can you travel if required by this position? ☒ Yes _____ No
Have you ever been previously employed by our organization? _____ Yes ☒ No
Can you submit proof of legal employment authorization and identity? ☒ Yes _____ No
If you are under 18, can you furnish a work permit if it is required? _____ Yes ☒ No
Have you ever been convicted of a crime in the last 7 years? _____ Yes ☒ No
If yes, please explain (a conviction will not automatically bar employment): _____
Drivers license number (if driving is an essential job duty): 066759946
How were you referred to us? Tony Rhene (Friend)

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: Union County Sheriff's Office Position Held: SRO
Address: 901 Main St. Maryville, TN 37807 Telephone #: 992-5212
Immediate supervisor and title: Willy Evans
Dates employed: From 08-03 To 01-19-05 Salary: 23,000 year
Job summary: School Officer - and - Patrolman
Reason for leaving: Wanted to be a full time patrolman officer

Employer: Knox County School District Position Held: School Officer
Address: Knoxville, TN Telephone #: _____
Immediate supervisor and title: Steve Griffin
Dates employed: From 1999 To 08-03 Salary: 19,000 year
Job summary: School Officer
Reason for leaving: Went to The Police Academy

Employer: _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: From _____ To _____ Salary: _____
Job summary: _____
Reason for leaving: _____

I have received, read and understand the City of LaFollette Police Department Policy and Procedures Manual. My Supervisor has been available to answer questions that I might have had.



EMPLOYEE'S SIGNATURE

Richard Lowe



3-17-05

SUPERVISOR'S SIGNATURE

10 Feb 05 Issue

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

AMENDED 07/29/1967

NAME

RICHARD LEE LOWE JR.

SEX

MALE

DATE OF BIRTH

NOVEMBER 21, 1968

CERT. No.

141-1968-059937

COUNTY OF BIRTH

KNOX

DATE ISSUED

JANUARY 28, 2005

FILE DATE

NOVEMBER 29, 1968

This is to certify that the birth of the person named on this certificate occurred on the date and at the place shown. The original certificate was filed with the Tennessee Department of Health, Office of Vital Records, within one year after the event unless otherwise stated. Reproduction of this document is prohibited. Do not accept unless on security paper with seal.
Tennessee Code Annotated 68-3-101 et. seq. Vital Records Act of 1977.



Kenneth S. Robinson, M.D.
COMMISSIONER

Sharon M. Leinbach
STATE REGISTRAR



CERTIFICATION OF BIRTH

V 572826

RDANA

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

LOWE

Richard

LEE

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

TN0070000

SO

JACKSBORO, TN

DATE OF BIRTH 11-21-68

CITIZENSHIP CTZ

SEX M

RACE W

HGT 5'6

WGT 185

EYES Bro

HAIR Bro

PLACE OF BIRTH Knoxville

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

8-18-05

Calvin Rayner

EMPLOYER AND ADDRESS

1141 Bruce Gap RD

Kerrville, TN 37714

REASON FINGERPRINTED

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

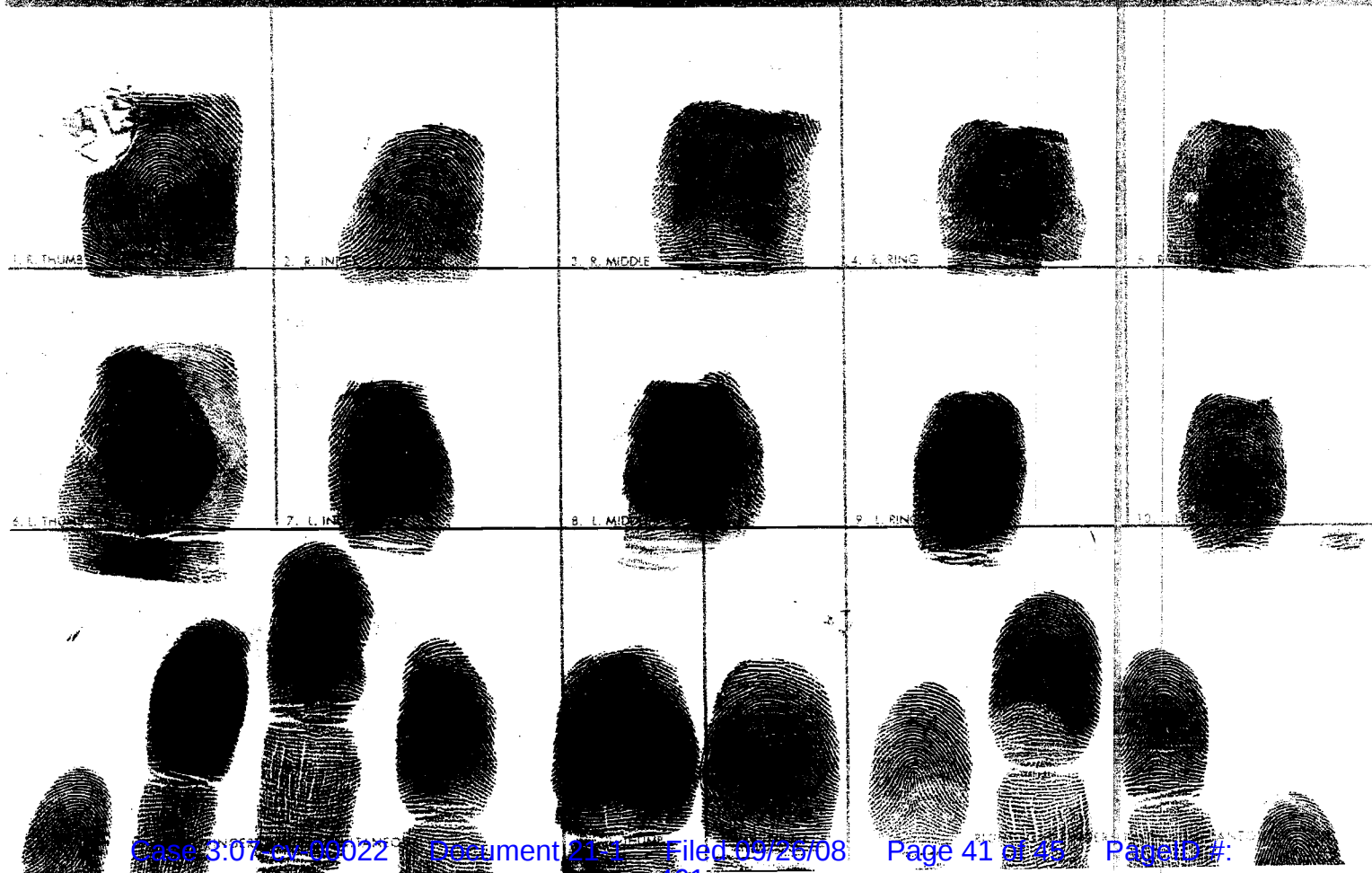
409-98-4833

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

REP.





TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CONFIRMATION OF PSYCHOLOGICAL EVALUATION

NAME OF
APPLICANT: Richard L. Lowe

REFERING
AGENCY: _____

SOCIAL SECURITY NUMBER 409-98-4833
TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the psychologist/psychiatrist providing psychological evaluation for the purpose of police officer certification. Upon completion of psychological evaluation, the examining professional should check the appropriate confirmation statement and sign this form in the space provided. This form should then be forwarded to the law enforcement agency. This form should then be attached to the Application for Certification - Police Officer, and should be forwarded to the POST Commission. A copy of this report and the confidential results of the evaluation should be kept in the agency's file. DO NOT SEND CONFIDENTIAL EVALUATION TO THE POST COMMISSION.

TO THE EXAMING PSYCHOLOGIST/PSYCHIATRIST

Pursuant to Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102, applicants for police certification must be free from any disorder as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association that would in the professional judgement of the examiner, impair the subject's ability to perform any essential function of the job or would cause the subject to pose a direct threat to public safety. Applicants must be certified as meeting these criteria by a Tennessee Licensed Health Care Provider qualified in the psychiatric or psychological fields. Upon completion of evaluation, Please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT BY THE EXAMINING PROFESSIONAL

I have evaluated tests administered to the reference individual and find that this officer is:

☒ QUALIFIED

☐ NOT QUALIFIED

to be certified under the provisions of Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102. The results of my evaluation are being forwarded to the employing agency.

Any person who, with intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. § 39-16-702.

George H. Bercaw, M.A., ABDA

Licensed Senior Psychological Examiner

Health Services Provider /TN Lic # PE 00312 (1975)

Mountain Crest Psychological Center

2307 Napier Road - Suite 107

Chattanooga, TN 37421-1847

Office: (423) 894-4106 Fax: (423) 894-3034

e-mail: bercaw@bellsouth.net Date of Exam: 5/29/02

(License Number)

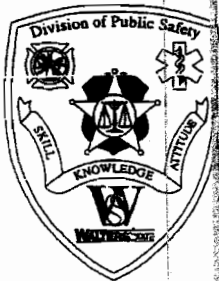
(State of License)

(Code)

(Telephone)

6/5/02
(Date)

WALTERS STATE COMMUNITY COLLEGE
DIVISION OF PUBLIC SAFETY
EAST TENNESSEE REGIONAL LAW ENFORCEMENT ACADEMY



Certificate



This is to certify that

RICHARD L. LOWE

has successfully completed a 453 hour course of study in

BASIC POLICE RECRUIT SCHOOL

conducted at GREENEVILLE, Tennessee.

From 7-15-02 To 9-06-02

William E. Egan
INSTRUCTOR/COORDINATOR

SEPTEMBER 6, 2002

DATE

Marylou Apple
VICE PRESIDENT

Dean
DEAN

Paul E. Campbell
PRESIDENT



TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CONFIRMATION OF PSYCHOLOGICAL EVALUATION

NAME OF APPLICANT: Richard L. Lowe REFERRING AGENCY: _____
SOCIAL SECURITY NUMBER 409-98-4833
TO THE HEAD OF LAW ENFORCEMENT AGENCY

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Chattanooga, TN 37421-1847

Office: (423) 894-4106 Fax: (423) 894-3034

e-mail: bercaw@bellsouth.net Date of Exam: 5/29/02

(License Number)

(State of License)

(Code)

(Telephone)

6/5/02
(Date)

0005. IN0070000. .OLN/66759946

+ IN0070000 00026 13:00 2005/06/27

DR. IN00000000

13:00 06/27/05 06542

13:00 06/27/05 00091 IN0070000

TXI

NAME: LOWE RICHARD L

ADDRESS: 7513 APPLECRUSS RD

CORRYTON IN 377212930

DR LIC NO: 066759946 BIRTH DATE: 19681121 LIC CLASS: D*** ENDORSE: ****

STICKER NO: PREVIOUS CLASS: D***

ISSUE DATE: 20031215 EXPIRATION DATE: 20081121 ORGAN DONOR: NO

EYES: BR HAIR: BR SEX: M RACE: W HEIGHT: 5FT 06IN WEIGHT: 175

NON-CDL STATUS: VALID LICENSE

NON-CDL ELIGIBILITY DATE: 000000000000

GUN PERMIT STATUS: VALID

CDL STATUS: NONE

CDL ELIGIBILITY DATE: 000000000000

CURRENTLY REVOKED IN IN FOR DUI? NO DUI ON/AFTER 19970101: NO

SOC: 409-98-4833 TOTAL NON-CDL RECS: 000 TOTAL CDL RECS: 000

RESTRICTIONS: NONE

QH. IN0070000. NAM/LOWE, RICHARD. DOB/19681121. SEX/M. RAC/W. SOC/409984833. POR/J. ATN/L
SCU11

+ IN0070000 00027 13:02 2005/06/27

QH. INNC10000

13:02 06/27/05 02688

13:02 06/27/05 00093 IN0070000

TXI

IN0070000

NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX

(111) FOR NAM/LOWE, RICHARD. DOB/19681121. SEX/M. RAC/W. SOC/409984833.

POR/J.

END